

## **OLTCP SUPPORTS INITIATIVES THROUGH ITS CHARITY**

Subscribing to OLTCP for a much reduced membership fee allows OLTCP to continue as a charitable organization fulfilling its scope of supporting education and professional development opportunities for Long Term Care practitioners.

Your support goes a long way in continuing to provide support and efforts.

[office@oltcp.ca](mailto:office@oltcp.ca)

### **VISION**

All Ontarians in Long Term Care will receive the highest quality person centered care according to their personal goals.

### **MISSION**

To support and engage Clinicians and Medical Directors working in Long Term Care by supporting education and professional development opportunities to build on their competencies.



Ontario Long  
Term Care  
Physicians

**Non-Profit Charitable Organization  
Founded in 1978**

promoting

**EXCELLENCE**

in medical services  
in LTC homes

**MEMBERSHIP  
BROCHURE**

[www.oltcp.ca](http://www.oltcp.ca)



Ontario Long Term Care Physicians  
1143 Wentworth Street West  
Suite 202  
Oshawa, ON L1J 8P7  
T: 905-404-9545  
F: 905-404-3727  
[office@oltcp.ca](mailto:office@oltcp.ca)  
[www.oltcp.ca](http://www.oltcp.ca)

# Membership Application—New Members

## General Membership: \$25.00

Membership Year is  
April 1 to March 31 Annually



Please complete the information below and return by **EMAIL:** office@oltcp.ca **MAIL:** OLTCP, 1143 Wentworth Street West, Suite 202, Oshawa, ON, L1J 8P7 **FAX:** 1-905-404-3727

### MEMBER INFORMATION

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Professional Designation: \_\_\_\_\_ Two Highest Academic Degrees: \_\_\_\_\_

Status: Medical Director      Attending Physician      Other (Specify) \_\_\_\_\_

### PREFERRED MAILING ADDRESS

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### FACILITY INFORMATION

If you are a Medical Director or Attending Physician at more than one facility, please provide the following information for each facility. Please copy this form or use a separate sheet for listing more than one facility.

Contact: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### GETTING INVOLVED

Would you be interested in participating in activities of the Board? Yes  No

### QUESTIONS?

Please contact the office at T: 905-404-9545 or Email: office@oltcp.ca

### PAYMENT: - New members only

Annual Membership Dues are **\$25.00**. Payment can be made by cheque or credit card or online.

**CREDIT CARD:** Please circle one: Amex    VISA    MasterCard

You can either fax this form if paying by credit card to: **1-905-404-3727** or mail to the address below.

**Please note:** Credit card payments are processed by Events In Sync, Inc., who is the managing company for OLTCP.

Your credit card statement will show Events In Sync, Inc. shown as the vendor. All fees are transferred to OLTCP.

Credit Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**ONLINE:** <https://eis.eventsair.com/ontario-long-term-care-physicians/membership>

### CHEQUE:

Payable to OLTCP and mailed to: OLTCP, 1143 Wentworth Street West, Suite 202, Oshawa, ON L1J 8P7